

EXHIBIT NO.

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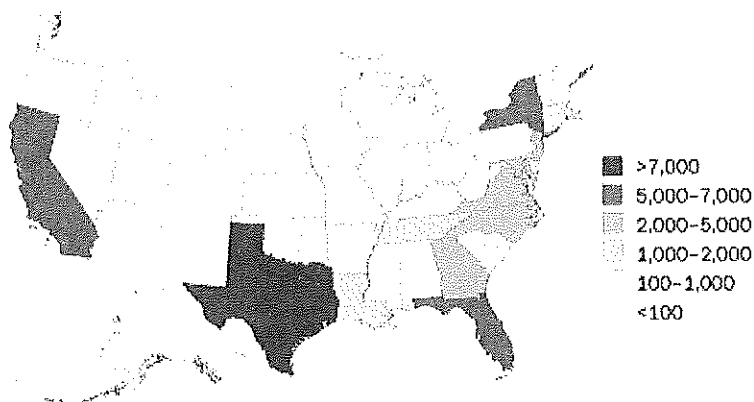
DECEMBER 11, 2014

Texas tops list of states where this year's unaccompanied child migrants ended up

BY JENS MANUEL KROGSTAD AND ANA GONZALEZ-BARRERA

Where Unaccompanied Children Apprehended at the Border Now Live

Total number of unaccompanied children released to sponsors in FY 2014



STATE	FY 2014	FY 2015	STATE	FY 2014	FY 2015
Alabama	786	64	Nevada	228	8
Alaska	4	0	New Hampshire	35	0
Arizona	295	11	New Jersey	2,680	88
Arkansas	307	14	New Mexico	41	2
California	5,831	215	New York	5,955	168
Colorado	426	18	North Carolina	2,064	56
Connecticut	552	18	North Dakota	4	0
Delaware	212	8	Ohio	635	24
DC	375	20	Oklahoma	377	22
Florida	5,445	144	Oregon	115	10
Georgia	2,047	61	Pennsylvania	660	22
Hawaii	8	0	Rhode Island	203	12
Idaho	19	0	South Carolina	588	17
Illinois	552	22	South Dakota	48	4
Indiana	448	16	Tennessee	1,294	32
Iowa	235	9	Texas	7,409	203
Kansas	312	25	Utah	119	5
Kentucky	413	13	Vermont	3	0
Louisiana	1,755	21	Virginia	3,887	114
Maine	17	0	Washington	391	19
Maryland	3,884	110	West Virginia	30	2
Massachusetts	1,372	33	Wisconsin	85	0
Michigan	193	9	Wyoming	8	0
Minnesota	304	24			
Mississippi	290	11	Puerto Rico	2	0
Missouri	222	17	Virgin Islands	1	0
Montana	1	0			
Nebraska	351	19	Total	53,518	1,712

Note: Fiscal year 2014 is from Oct. 2013 to Sept. 2014. FY 2015 only includes data from October 2014.

Source: U.S. Department of Health and Human Services, Office of Refugee Resettlement

PEW RESEARCH CENTER

One-in-three (36%) of the

nearly 54,000 unaccompanied children released to sponsors over the past year after their apprehension by immigration authorities have been placed in homes in three states – Texas, New York and California, according to Office of Refugee Resettlement data.

A House Judiciary subcommittee on immigration and border security held a hearing this week on the impact of unaccompanied children on communities. Children are placed with sponsors, often relatives, while they wait for their next court appearance in immigration court. These cases can be delayed if asylum is sought.

Last summer's surge in the number of children without their parents apprehended at the Southwest border overwhelmed federal resources. Many of the children were making the dangerous journey from Mexico and Central America to the U.S., with sharp increases in apprehensions among children under 12. Since last summer, apprehensions of unaccompanied minors crossing the U.S.-Mexico border has decreased dramatically, from 10,508 in June alone to 2,529 in October, according to U.S. Customs and Border Protection data.

Texas took in the highest number of unaccompanied minors, with 7,409 children placed during fiscal year 2014, which ended on Sept. 30, government data showed. New York and California each took in just under 6,000 children. These three states account for more than half (53%) of the nation's Hispanic population.

Counties in the following metro areas have had the largest number of unaccompanied minors placed while they await their court appearances: Houston, Los Angeles, New York City, Miami and Washington, D.C..

Harris County (Houston), with more than 4,000 children, has taken in the most unaccompanied minors, followed by Los Angeles County (California), with nearly 3,000 children. Less than 2,000 children have been placed in each of the remaining counties. Houston has large Salvadoran and Guatemalan communities, while Los Angeles is home to the nation's largest Salvadoran and Guatemalan communities.

In Washington, D.C., Salvadorans are the largest group of Hispanics, and Guatemalans are the third largest group.

Unaccompanied children from El Salvador, Guatemala and Honduras account for this summer's increase in apprehensions, while the number of apprehended Mexican children decreased, but remained large. Due to a 2008 human trafficking law, Central American children are placed in housing while their immigration cases are processed. By contrast, Mexican children can be returned to their home country within hours of their apprehension if U.S. authorities don't find evidence that they have been victims of human trafficking or face a credible fear of persecution.

EXHIBIT NO.

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Biden's DHS Refusing to Disclose Where in U.S. Illegal Aliens Are Being Sent

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GUILLERMO ARIAS/AFP via Getty Images

JOHN BINDER

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President Joe Biden's Department of Homeland Security (DHS) has yet to respond to inquiries from Congress that request the locations in the United States where border crossers and illegal aliens are being sent.

On April 15, as Breitbart News reported, a group of 34 House Republicans — including Reps. Mo Brooks (R-AL), Louie Gohmert (R-TX), and Matt Rosendale (R-MT) — asked DHS Secretary Alejandro Mayorkas for information on where the agency was sending border crossers and illegal aliens after their release into the U.S. interior.

This week, Sens. Mike Braun (R-IN), Kevin Cramer (R-ND), Cindy Hyde-Smith (R-MS), and Cynthia Lummis (R-WY) joined 25 House Republicans to re-inquire about the locations of border crossers and illegal aliens released into the U.S. interior after, they write, DHS has refused to disclose the information to them.

“The widespread abuse and criminality do not end at the border, because as we know many of these illegal aliens end up dispersed in cities across our nation,” the Senate and House Republicans write:

However, in spite of Congress’ previous request, we continue to lack an adequate accounting of the nature and extent of this dispersing of illegal aliens ... for that reason, **the Congress once again requests that you compile and send the following information** within the next 30 days: [Emphasis added]

- **The locations where illegal immigrants have been sent, transported, or provided ability or funding to travel to,** or allowed to travel to by other funding including their own or private funding for all individuals who entered the U.S. without visas; [Emphasis added]
- For each named location, **the total number of [illegal] immigrants who have been sent, transported, or provided ability or funding to such city or town;** and [Emphasis added]
- **The number of [illegal] immigrants tested for the novel coronavirus, the number of [illegal] immigrants that tested positive for COVID-19, and [the Customs and Border Protection’s] course of action to respond to [illegal] immigrants that test positive for COVID-19.** [Emphasis added]

The Senate and House Republicans said Mayorkas’s “failure to provide this requested information over the past three months” highlights their “concerns about the lack of transparency and your willingness to provide this important information to elected representatives of the people of this nation.”

Since Biden took office, his administration has operated an expansive Catch and Release policy wherein border crossers and illegal aliens are apprehended, briefly

detained, and then released into the U.S. interior, often with the help of non-governmental organizations (NGOs) like Catholic Charities.

As detailed in recent court filings, NGOs work daily to bus and fly border crossers and illegal aliens into the U.S. interior — often paying for their domestic commercial flights and bus tickets.

While the administration has refused to disclose how many border crossers and illegal aliens are being released every day and how many are testing positive for coronavirus, the latest data reveals about 173,000 have been released into the U.S. interior as of late July.

In addition, U.S. Border Patrol officials estimate that about 750 to 1,000 illegal aliens are successfully crossing the U.S.-Mexico border every day, undetected by agents.

At current illegal immigration levels, more than 600,000 border crossers could be released into the U.S. interior or have successfully crossed the U.S.-Mexico border by the end of 2021.

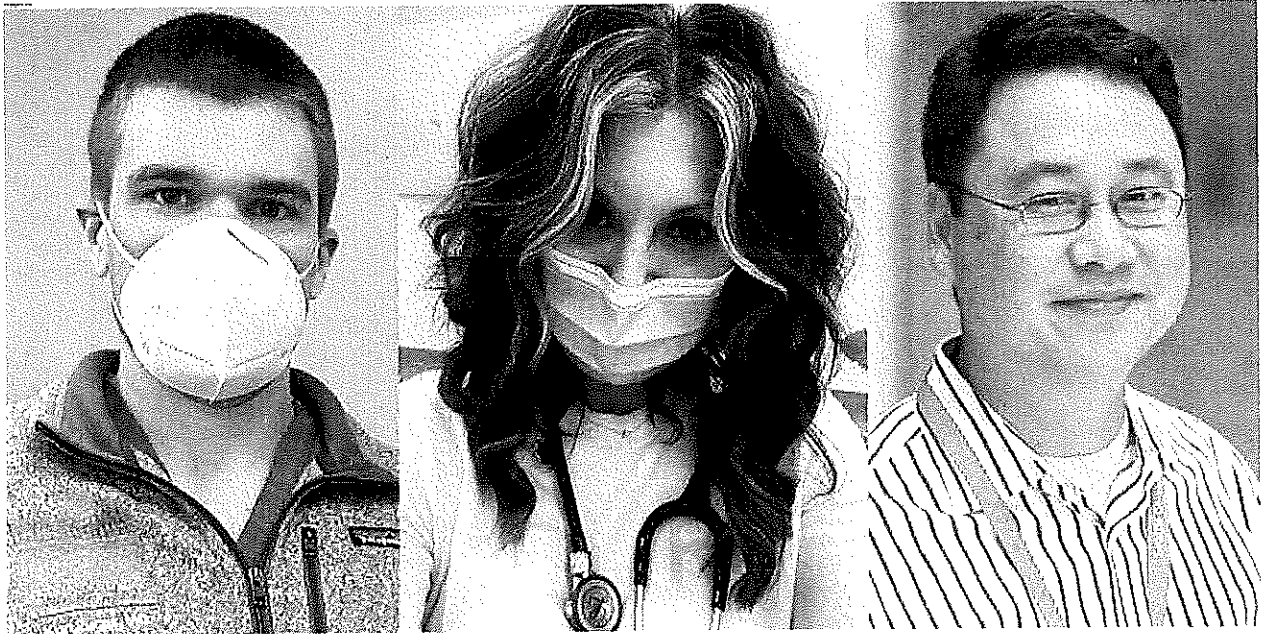
“That’s larger than the population of Wyoming,” Sen. Ron Johnson (R-WI) has said. “It’s approaching the population of Vermont. That’s the extent of the problem that ... [Mayorkas] and this administration are denying.”

John Binder is a reporter for Breitbart News. Email him at jbinder@breitbart.com. Follow him on Twitter [here](#).

EXHIBIT NO.

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Doctors say RSV is hitting toddlers hard this year as sick kids line up for hospital beds across the US



Dr. Kurt Lucas who works in the Houston metro area, Dr. Christina Johns at PM Pediatric Care, Dr. Russell Migita at Seattle Children's Dr. Kurt Lucas, Dr. Christina Johns, Dr. Russell Migita

- Doctors working in ERs, ICUs, and urgent care clinics across the US are seeing a spike in RSV cases.
- Some infants and toddlers have needed help breathing and clearing out mucus to survive the illness.
- "I don't have a medication that can take this virus away," one doctor said.

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There is one illness taking up more pediatric beds in ERs and ICUs than any other right now. It may feel like just a typical cough or cold for many adults and older kids, but for newborns, young toddlers, and elderly people, it can be very dangerous.

It's called respiratory syncytial virus, or RSV for short, and this year it's shown up earlier than usual.

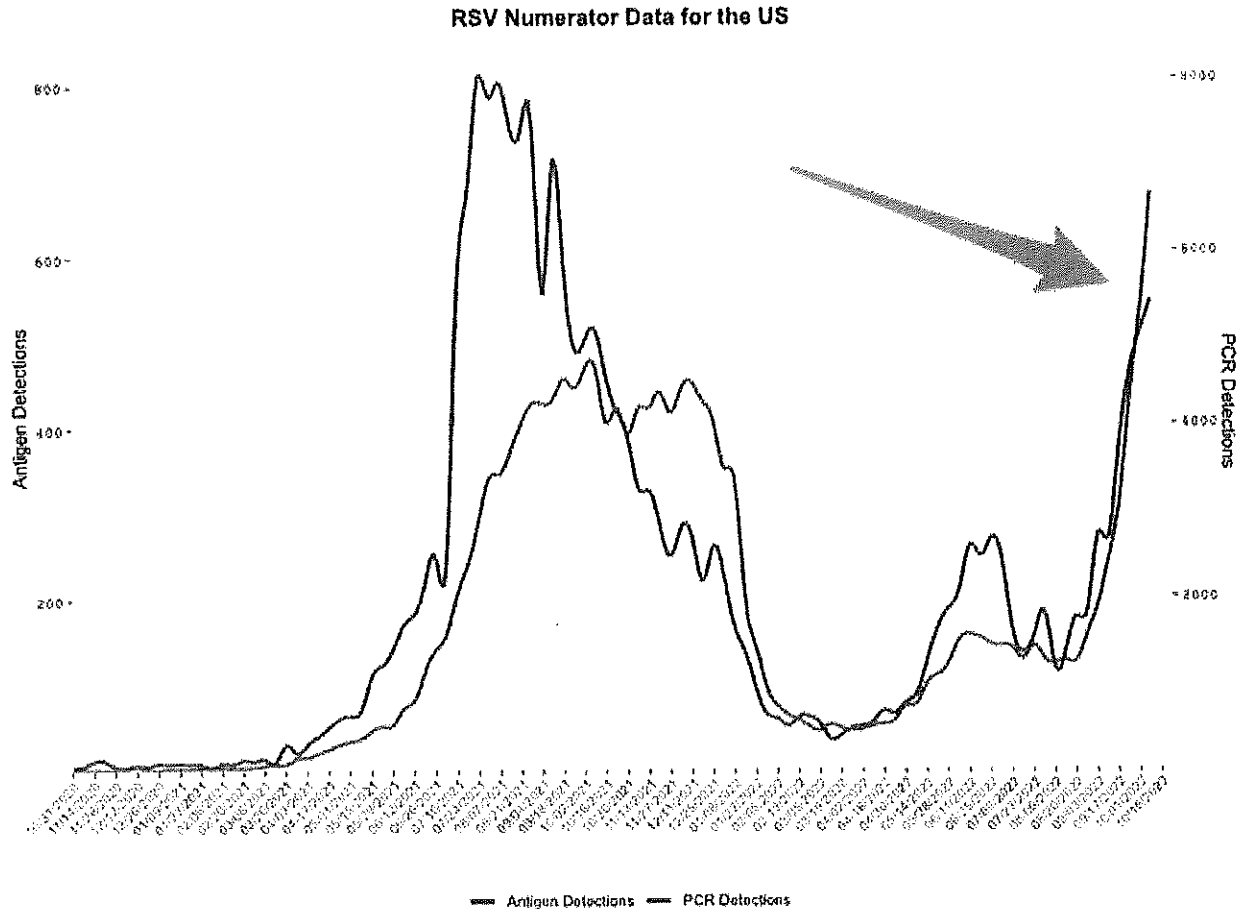
Emergency doctors from Texas, California, Washington, Utah and Maryland told Insider they fear the RSV surge they're seeing now may be just the beginning of a monthslong wave of nasty viral winter illnesses in kids.

There's been chatter in the media about a "[tripledemic](#)" on the horizon — an incoming storm of RSV, influenza, and COVID. For now, RSV is leading the way.

[RSV hospitalization](#) rates for small children are worse than for flu or for COVID. In some of the [worst cases](#), children are having trouble breathing on their own, needing oxygen and mucus-suctioning to clear their airways.

"It's kind of like a roller-coaster ride — we feel like we're climbing up the big steep hill now and expect to continue to see increasing RSV activity," Dr. Per Gesteland, a pediatric hospitalist at the University of Utah Health and Intermountain Primary Children's Hospital, told Insider.

The beginning of a big wave



Many RSV tests are coming back positive these days. CDC National Respiratory Enteric Virus Surveillance System (NREVSS)

Dr. Christina Johns, an emergency physician at PM Pediatric Care in the Washington, DC suburbs, told Insider that doctors know how to treat kids with RSV and deal with surges, which happen yearly. The "hard part" is that this year's RSV spike has come early and amidst a wave of other illnesses, including flu.

Additionally, this surge comes on the back of summer spikes in enterovirus, RSV, and parechovirus. Hospitals are already short staffed, with fewer pediatric beds available.

"It's wild," she said.

Between 2008 and 2018, the number of inpatient pediatric units decreased by almost 20%, according to a January 2020 study in the journal Pediatrics. During the pandemic, the shortage has only gotten worse.

It's tough to be precise about how rampant RSV spread is right now, because most cases can be managed at home without a test. Even in the hospital, not everyone who's sick gets tested.

Dr. Melanie Kitagawa, medical director of the pediatric intensive care unit at Texas Children's Hospital, told Insider more than 40 kids there are hospitalized with RSV, and more than 10 of them are in her ICU.

"I don't have a medication that can take this virus away," Kitagawa said. "I just have to help the kids through, and give their bodies time to fight."



An intensive care nurse cares for an infant patient suffering from respiratory syncytial virus (RSV). Marijan Murat/picture alliance via Getty Images

Dr. Behnoosh Afghani, a pediatric infectious disease specialist at UCI Health in Orange County, California, said the number of RSV patients in her hospital is also increasing "rapidly" this week.

Gesteland helped develop a "GermWatch" illness forecasting system at his hospital in Utah, and while RSV activity is "moderate" for now, he expects the illness will be "filling up our beds pretty significantly in the coming weeks."

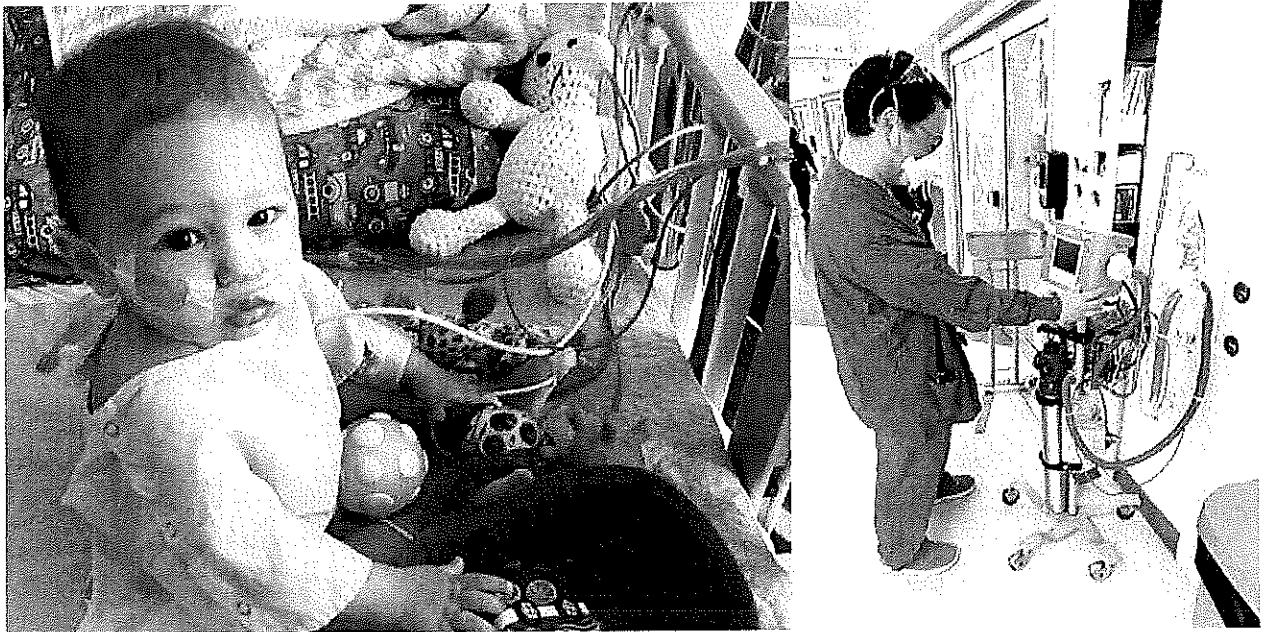
During an October 23 weekend shift, Johns said about half of the kids she saw had flu-like illnesses. Among them, roughly 30% tested positive for RSV, and 25% for the flu.

Across the country at Seattle Children's, it's a similar story: nearly a third of the tests done for viral illnesses are coming back positive for RSV.

"We are seeing about 20 to 30 positives per day," Dr. Russell Migita, a clinical leader of Emergency Services at Seattle Children's, told Insider. That's double what's normal for October in the Pacific Northwest, where RSV typically peaks in February and March.

Cases this year are both earlier and more severe, exacerbating the status of Migita's already overburdened ER, which he says is routinely running at 200% capacity. ER patients are constantly "waiting for inpatient beds," and more than half are there due to respiratory illnesses. Migita, like the other doctors interviewed for this story, expects the number of RSV cases is only "likely to go higher" in the coming months.

'Don't kiss the baby' — or the toddler



Right: Some babies need help breathing when they have RSV. It is a leading cause of hospitalizations for kids younger than 1 year old. Left: Dr. Migita at work. Business Wire via Associated Press, Seattle Children's

RSV is typically a milder illness for toddlers and school-age kids, hitting only newborns hard. But Dr. Kurt Lucas, an emergency medicine physician working in the Houston metro area, has noticed a troubling trend of 3 and 4 year-old kids getting very sick with RSV this year. Johns and Gesteland have seen the same thing.

Migita said that typically "children get many viral infections spread out over their first two years of life," but now those illnesses are all being "clustered" as COVID restrictions relax and more toddlers re-emerge into school and daycare.

"They're having a pretty significant infection with a viral pneumonia, needing oxygen, needing support," Gesteland said. "It seems like it's the first time they've seen RSV."

There is no vaccine for RSV, though there is one for pregnant women in late-stage clinical trials, as well as another for elderly patients in development. High-risk infants can receive a monoclonal antibody treatment developed for RSV, but it's expensive and requires monthly injections during flu season.

"Just be careful about exposure to other people with colds," Afghani cautioned. What may be a sniffly nuisance RSV infection for a healthy mom, dad, or older sibling, could be a serious illness for a newborn.

"Don't kiss the baby," Johns said. "If there ever was a time not to do it, it's now."

EXHIBIT NO.

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Children's hospital flooded with RSV patients considers asking National Guard for help

Amid a spike in respiratory viruses like RSV among kids, a hospital in Connecticut is exploring using medical tents and assistance from the National Guard.

Oct. 20, 2022, 2:09 PM EDT / Source: TODAY

By Caroline Kee

In recent weeks, the United States has seen an alarming surge in respiratory illness among children — and COVID-19 is not to blame. Common respiratory viruses, particularly RSV (respiratory syncytial virus), are causing an unusually high number of cases and hospitalizations among kids, putting a strain on children's hospitals and even causing some to reach capacity. An estimate 75% of the 40,000 children's hospital beds in the U.S. are currently full.

One hospital, Connecticut Children's, is so flooded with cases of RSV that staff is exploring using temporary units on the hospital lawn to manage patients and discussing plans to use auxiliary resources through the state and National Guard.

"We saw a little bit of (RSV) last year, but this dramatic increase in cases of RSV in September and October is not that something we have seen before historically," Dr. Juan Salazar, executive vice president and physician-in-chief at Connecticut Children's, told TODAY.

"I've been doing this for 25 years at Connecticut Children's and in practice for over 30 years. ... At least in the hospitals that I worked with, I've never seen this level of rapid transmission and the need for hospitalization in kids," Salazar said.

He also told NBC Connecticut that "because they're all coming at such high numbers, it's creating a challenge for us to be able to have everyone hospitalized who needs to be hospitalized in the way we normally do it."

RSV is a seasonal respiratory virus that usually peaks in the middle of January or in February. "This is coming at the wrong time," Salazar told TODAY, adding that he has heard that other children's hospitals in the state and Northeast are "equally slammed" with RSV cases.

What are the symptoms of RSV? Doctor lays out warning signs

OCT. 21, 202203:11

In coordination with the Connecticut Department of Public Health, the hospital is exploring next steps if RSV numbers continue to increase. "We would need additional capacity within the Children's Hospital to make sure that we continue our full operations ... probably in the form of 10 to 20 (extra) beds," said Salazar.

The National Guard visited the hospital on Thursday morning, Salazar said, and assessed the grounds so that they are ready to add a temporary hospital unit (a medical or field tent) on the hospital lawn for surge capacity if necessary.

Staff at another Connecticut facility, Yale New Haven Children's Hospital, are also responding to a surge in patients due to RSV. There are more than 100 cases in the emergency department, nearly double from a week ago.

"The majority of the children are coming in pretty sick. They're requiring higher levels of oxygen (than) they normally would," Erica Setzer, Yale New Haven Children's Hospital clinical program director of pediatric critical clinical care services, told NBC News national correspondent Gabe Gutierrez in a segment aired Friday.

Stephanie Fortier, a registered nurse at Yale New Haven Children's Hospital, added: "Just the acuity in how sick the kids are is much higher than it's been ever in the past."

Although anyone can become infected with RSV, it is notorious for causing infections and serious illness in young children, TODAY previously reported. "By the time children are 2 years old, most of them will have been infected with RSV. ... It can cause close to 60,000 hospitalizations every year in children," NBC News Medical contributor Dr. Natalie Azar said on TODAY Thursday.

However, the past few years of the pandemic have reduced kids' exposure to viruses, like RSV, which is likely playing a role in the surge. "A lot of kids just haven't seen RSV, and then now they're seeing it for the first time all at once, and it's leading to a big strain on our hospital resources," said Dr. Scott Roberts, associate infection prevention medical director, told Gutierrez.

What parents should know about RSV

The symptoms of RSV are often indistinguishable from things like colds, the flu and COVID-19. "In the majority of people, it causes a mild cold-like illness ... runny nose, a low grade fever, a cough, sneezing," said Azar, adding that these symptoms usually last about one to two weeks and can peak at day five.

Although COVID-19 can be detected with a home test, testing for RSV or other respiratory viruses needs to be done at a doctor's office, Azar added.

Most people will recover from RSV on their own, but in certain individuals, the virus can go from the upper respiratory tract into the lungs and cause more severe disease, Azar explained. RSV complications include bronchiolitis (a type of lung infection) or pneumonia, TODAY previously reported.

It's important for parents and caregivers of young children and infants who can't communicate to know the signs of severe disease and when to contact a health care provider, NBC News senior medical correspondent Dr. John Torres said on TODAY Friday. These include:

- Poor feeding. "This doesn't mean refusing food or not liking what you're giving them or the signs they normally give you when they are full and they don't want to eat anymore," Torres explained. "This means basically not paying attention to what you're feeding them. They might eat for a few seconds and then stop eating, and then they stare off. That's the sign for low appetite."
- Irritability, meaning "they're simply not consolable. They continue to cry and cry," Torres said.
- Lethargy, which is "even more concerning" than irritability, Torres said. "They're hard to wake up. They're just laying around. They're staring off. They don't want to pay attention to anything."
- Wheezing. "That wheezing sound that asthmatics make, if you notice your child making that, that's concerning," Torres said. Additionally, if you can see the child's chest caving in, if the ribs become visible when they're breathing, or if you see their nostrils flare out, these are signs they're working extra hard to breathe.

Treatment for RSV typically involves supportive care, such as rehydration or managing the airways.

There is a treatment available for people who are at risk of severe illness, which includes premature infants, children under the age of six months, children with heart or lung problems or weakened immune systems, said Azar. It's a monthly monoclonal antibody injection that can that can help prevent severe disease, Azar added.

Although there is no vaccine yet to protect against RSV, you can protect yourself against respiratory viruses this season by getting your annual flu shot and COVID-19 booster. "That's something that parents can immediately do right now to actually help themselves and help us," said Salazar.

Some experts are concerned that this surge in pediatric respiratory illness could coincide with a severe flu season and a resurgence of COVID-19, TODAY previously reported. "We worry about hospital capacity and of course cases of long Covid, so we're certainly keeping an eye on that," said Azar.

Caroline Kee

Caroline Kee is a health reporter at TODAY based in New York City.

EXHIBIT NO.

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DC DENIES ENTEROVIRUS LINK TO ILLEGAL-ALIEN KIDS

Disease common in Latin America was rare in U.S.

Published: 10/15/2014 at 8:25 PM

image: https://www.wnd.com/files/2012/01/Jerome-R.-Corsi_avatar-96x96.jpg



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NEW YORK – The CDC denies a causal link between the surge of illegal-alien children from Latin America and the enterovirus D-68 outbreak in the United States, but government data show the virus was rare in the U.S. before this year.

"There is no evidence that unaccompanied children brought EV-D68 into the United States; we are not aware of any of these children testing positive for the virus," the CDC emailed WND in response to a request for comment.

The CDC argued EV-D68 is not new to the U.S., having been identified in California in 1962.

"In previous years, it has not been as commonly identified as other enteroviruses," CDC said. "This year's increase in confirmed cases is not due to a recent introduction in the United States."

However, evidence buried in peer-reviewed medical journals provides support for the argument enterovirus D-68, or EV-D68, in the United States was a relatively rare disease. The EV-D68 epidemic occurred only after the surge this year of unaccompanied alien children illegally crossing the border from Latin America, a region where the virus is more prevalent among young children.

The CDC records nearly 700 people who have been diagnosed with the virus this year. Five children have died while infected.

As WND reported Tuesday, EV-D68, believed to cause polio-like paralysis in addition to flu symptoms, is widely suspected to have a direct connection to the Obama administration policy of placing across the U.S. tens of thousands of minors who have been allowed to enter without a health screening.

D-68 surge coincides with illegal aliens

The surge in EV D-68 in the U.S. became evident in mid-September when the CDC first reported it had reached epidemic levels in six U.S. states: Colorado, Illinois, Iowa, Kansas, Kentucky and Missouri.

The surge in unaccompanied minors was also evident in September, with the numbers jumping from 16,067 apprehended in Fiscal Year 2011 to 24,481 in FY 2012 and from 38,833 in FY 2013 to 47,017 in the first eight months of FY 2014.

Currently, a page on the CDC website dedicated to "Enterovirus D68 in the United States, 2014" discloses, "The United States is currently experiencing a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness."

The CDC website goes on to document that from mid-August to Oct. 10, CDC or state public health laboratories confirmed a total of 691 people in 46 states and the District of Columbia with respiratory illness caused by EV-D68.

"Many state health departments are currently investigating reported increases in cases of severe respiratory illness in children," the CDC website continues.

"This increase could be caused by many different viruses that are common during this time of year. EV-D68 appears to be the predominant type of enterovirus this year and is likely contributing to the increases in severe respiratory illnesses."

As of this month, the CDC is reporting lab-confirmed cases of EV-D68 in every state, with the exception of Nevada, Arizona, Hawaii and Alaska.

The CDC is currently investigating whether limb weakness and polio-like paralysis symptoms experienced in nine children in Denver is connected with the current EV-D68 epidemic.

In 2011, the CDC reported EV-D68 is a unique enterovirus that shares epidemiologic and biologic features with human rhinoviruses (HRV).

The 2011 report noted EV-D68 was first isolated in California in 1962 from four children with bronchiolitis and pneumonia, with EV-D68 only rarely reported since that time.

Asymptomatic carriers?

Jane Orient, M.D., of the Association of American Physicians and Surgeons, responded to the Centers for Disease Control's denial of a causal link between the virus and the surge of illegal-alien minors.

"Keep in mind that Latin American children likely have some immunity and may not be sick, while still contagious," she told WND.

The concern is that Latin American children in the U.S. might be carriers of EV-D68 even if they display no symptoms of the disease. It can be spread, the study said, by sneezing, coughing and the poor bathroom hygiene commonly found among Latin American unaccompanied alien children. The disease can be transmitted by "feces-to-mouth" contact between an infected person showing no symptoms and a previously uninfected person.

WND reported last week, a peer-reviewed article by German medical doctors challenges a key CDC assumption regarding Ebola, concluding patients who show no symptoms can still transmit a virus like Ebola to another person by a sneeze or a cough.

"Some serious work needs to be done to get to the bottom of this," Orient said, suggesting a Freedom of Information Act request of CDC confirmations of EV-D68 patient records might reveal important information about how the disease is being contracted in the current epidemic.

Enterovirus D-68 was 'rare' in U.S.

A study conducted by physicians from the Division of Viral Diseases at the National Center for Immunization and Respiratory Diseases published on the CDC website states Enterovirus D-68 "is